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How to Read Your Medicare Summary Notice



Your Medicare Summary Notice (MSN) explains services and supplies that were billed to Medicare for a 30-day period. You get a Medicare Summary Notice when you get health care services that Medicare Part A or Part B covers. It's important that you check your notice to be sure you got all of the services, medical supplies, or equipment that providers billed to Medicare.

The MSN **isn't** a bill. **DON'T** pay unless you get a bill from the provider.

This official government booklet

- shows examples of what you may see on your Medicare Summary Notice, and
- helps you understand how to read your notice.

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MSN for Part A Services

Part A services include

- inpatient hospital care,
- some skilled nursing facility care,
- hospice care, and
- some home health care.

Below is a sample MSN for Part A services and information on how to read it.



Medicare Summary Notice

June 16, 2004

2

CUSTOMER SERVICE INFORMATION

Your Medicare Number: 111-11-1111-A

If you have questions, write or call:

Medicare

555 Medicare Blvd.

Suite 200

Medicare Building

Medicare, US XXXXX-XXXX

Call: 1-800-MEDICARE (1-800-633-4227)

Ask For Hospital Services

TTY users should call: 1-877-486-2048.

4

Name

Street Address

City, State ZIP Code

5

BE INFORMED: Protect your Medicare Number as you would a credit card number.

This is a summary of claims processed from 5/15/04 through 6/15/04.

6

PART A HOSPITAL INSURANCE - INPATIENT CLAIMS

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 12345-84956-84556	10	11	12	13	14
Hospital Name, Street Address, City, State ZIP Code					
Referred by: Paul Jones, M.D.					
04/07/04-05/09/04	14 days used	\$0.00	\$876.00	\$876.00	a, b

7

8

9

THIS IS NOT A BILL – Keep this notice for your records.

- 1 **Date:** Date MSN is sent.
- 2 **Customer Service Information:** Who to contact with MSN questions. Give your Medicare number (3), date of the MSN (1), and date of service you have a question about (9).
- 3 **Medicare Number:** The number on your Medicare card.
- 4 **Name and Address:** If incorrect, contact the Social Security Administration at 1-800-772-1213 immediately. If you have Railroad Retirement Board benefits, call your local RRB office or 1-800-808-0772.
- 5 **Be Informed:** Messages about ways to protect yourself and Medicare from fraud and abuse.
- 6 **Part A Hospital Insurance—Inpatient Claims:** Type of service. See the back of MSN for additional information. Please note: For outpatient services, this section is called “**Part B Medical Insurance—Outpatient Facility Claims.**”
- 7 **Claim Number:** Number that identifies this specific **claim**.
- 8 **Provider’s Name and Address:** Facility’s name and billing address. The referring doctor’s name may also be shown. The address shown is the billing address, which may be different from where you receive the service(s).
- 9 **Dates of Service:** Date service was provided. You may use these dates to compare with the dates shown on your hospital bill.
- 10 **Benefit Days Used:** Number of days used in the **benefit period**. See the back of your MSN for an explanation of benefit periods. **Note:** For outpatient services, this column is called “**Amount Charged.**”
- 11 **Non-Covered Charges:** Charges for services denied or excluded by the Medicare program for which you may be billed.
- 12 Amount applied to your **Deductible and Coinsurance**.
- 13 **You May Be Billed:** Total amount **provider** can bill you. It includes the **deductible, coinsurance**, and any non-covered charges. If you have supplemental insurance, it may pay all or part of this amount.
- 14 **See Notes Section:** If letter appears, refer to (15) for explanation.

More 

MSN for Part A Services (continued)

15

Notes Section:

- a You have 46 full days remaining in this benefit period.
- b \$876.00 was applied to your inpatient deductible.

16

Deductible Information:

You have met the Part A deductible for this benefit period.

17

General Information:

Please notify us if your address has changed or is incorrect as shown on this notice.

18

Appeals Information - Part A (Inpatient)

If you disagree with any claims decision on Part A of this notice, you can request an appeal by October 16, 2004.

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1. (You may also send any additional information you may have about your appeal.)
- 3) Sign here _____ Phone Number (____) _____

- 15 **Notes Section:** Explains letters in (14) for more detailed information about your **claim**.
- 16 **Deductible Information:** How much of your yearly **deductible** you have met for the **benefit period**.
- 17 **General Information:** Important Medicare news and information.
- 18 **Appeals Information:** How and when to request an **appeal**.


Note: See the back of your MSN for more information and how to get help with asking for an appeal.

MSN for Part B Services

Part B services include

- doctors' services,
- outpatient hospital care, and
- some other medical services that Part A doesn't cover (like some home health care).

Below is a sample MSN for Part B services and information on how to read it.



CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Medicare Summary Notice

June 16, 2004

2 CUSTOMER SERVICE INFORMATION

4 Name
Street Address
City, State ZIP Code

3 **Your Medicare Number: 111-11-1111-A**

If you have questions, write or call:
Medicare
555 Medicare Blvd.
Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Call: 1-800-MEDICARE (1-800-633-4227)
Ask For Doctor Services
TTY users should call: 1-877-486-2048.

5 **BE INFORMED:** Protect your Medicare Number as you would a credit card number.

This is a summary of claims processed from 5/15/04 through 6/15/04.

6 **PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
7 Claim number 12345-84956-84556		10	11	12	13	14
8 Doctor name, Street Address, City, State ZIP Code		\$55.00	\$44.35	\$0.00	\$44.35	a
9 04/07/04 1 Office/Outpatient Visit, ES (99214)						b

15 **THIS IS NOT A BILL** – Keep this notice for your records.

- 1 **Date:** Date MSN is sent.
- 2 **Customer Service Information:** Who to contact with MSN questions. Give your Medicare number (3), date of the MSN (1), and date of service you have a question about (9).
- 3 **Medicare Number:** The number on your Medicare card.
- 4 **Name and Address:** If incorrect, contact the Social Security Administration at 1-800-772-1213 immediately. If you have Railroad Retirement Board benefits, call your local RRB office or 1-800-808-0772.
- 5 **Be Informed:** Messages about ways to protect yourself and Medicare from fraud and abuse.
- 6 **Part B Medical Insurance - Assigned Claims:** Type of service. See back of MSN for information about assignment. (Note: For unassigned services, this section is called “**Part B Medical Insurance—Unassigned Claims.**”)
- 7 **Claim Number:** Number that identifies this specific claim.
- 8 **Provider’s Name and Address:** Doctor (may show clinic, group, and/or referring doctor) or provider’s name and billing address.
- 9 **Dates of Service:** Date service or supply was received. You may use these dates to compare with the dates shown on the bill you get from your doctor.
- 10 **Amount Charged:** Amount the provider billed Medicare.
- 11 **Medicare Approved:** Amount Medicare approves for this service or supply.
- 12 **Medicare Paid Provider:** Amount Medicare paid to the provider. (Note: For unassigned claims, this column is called “**Medicare Paid You.**”)
- 13 **You May Be Billed:** Total amount **provider** may bill you, including deductibles, coinsurance, and non-covered charges. Medigap (Medicare Supplement Insurance) policies may pay all or part of this amount.
- 14 **See Notes Section:** If letter appears, refer to (16) for explanation.
- 15 **Services Provided:** Brief description of the service or supply received.

MSN for Part B Services (continued)

16 Notes Section:

- a This information is being sent to your private insurer(s). Send any questions regarding your benefits to them.
- b This approved amount has been applied toward your deductible.

17 Deductible Information:

You have now met \$44.35 of your \$100 Part B deductible for 2004.

18 General Information:

Please notify us if your address has changed or is incorrect as shown on this notice.

19 Appeals Information - Part B

If you disagree with any claims decision on this notice, you can request an appeal by **October 16, 2004.**

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.
- 3) Sign here _____ Phone Number (____) _____

- 16 Notes Section:** Explains letters in (14) for more detailed information about your **claim**.
- 17 Deductible Information:** How much of your yearly **deductible** you have met.
- 18 General Information:** Important Medicare news and information.
- 19 Appeals Information:** How and when to request an **appeal**.

Note: See the back of your MSN for more information and how to get help with asking for an appeal.

Electronic Medicare Summary Notice (e-MSN)

Medicare has a new service in some areas. The electronic Medicare Summary Notice (e-MSN) is a simple and convenient way to get a copy of your MSNs. You can look at your MSNs on the web and print copies right from your own computer, 24 hours a day, seven days a week. The e-MSN doesn't replace the paper MSN currently mailed each month when a claim is processed. You will still get a paper copy.

This service is being tested in some areas to evaluate the benefit of this service before Medicare makes it available for all people with Medicare. To see if e-MSNs are available in your area, look at www.medicare.gov on the web.

Where to go for more information

Have questions about the charges on your MSN?

Call the provider of the service or supply.

Think a service you got should be covered?

See the back of your MSN for more information on how to appeal.

Think the provider is being dishonest?

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Need more information about Medicare?

Visit www.medicare.gov on the web. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Words to Know

Appeal. A special kind of complaint you make if you disagree with a decision to deny a request for health care services, or payment for services you already received. You may also make a complaint if you disagree with a decision to stop services that you are receiving. There is usually a special process you must use to make your complaint.

Assigned Claim. A claim submitted for a service or supply by a provider who accepts Medicare assignment.

Assignment. In the Original Medicare Plan, this means a provider agrees to accept Medicare's fee as full payment. If you are in the Original Medicare Plan, it can save you money if your provider accepts assignment. You still pay the coinsurance and deductible amounts.

Benefit Period. The way that Medicare measures your use of hospital and skilled nursing facility services. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you haven't received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Claim. A claim is a request for payment for services and benefits you received. Claims are also called bills for all Part A and Part B services billed through Fiscal Intermediaries. "Claim" is the word used for Part B physician/supplier services billed through the Carrier.

Coinsurance. The percent of the Medicare-approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the approved amount for the service (like 20%).

Deductible. The amount you must pay for health care before Medicare begins to pay, either for each benefit period for Part A, or each year for Part B. These amounts can change every year.

Original Medicare Plan.

A pay-per-visit health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). The Original Medicare Plan has two parts: Part A (hospital insurance) and Part B (medical insurance).

Provider. A doctor, hospital, health care professional, or health care facility.

Unassigned Claim. A claim submitted for a service or supply by a provider who does not accept assignment.



**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, MD 21244-1850

Official Business

Penalty for Private Use, \$300

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To get this booklet in Spanish, call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

¿Necesita usted una copia en español? Llame gratis al 1-800-MEDICARE
(1-800-633-4227). Los usuarios de TTY deberán llamar al 1-877-486-2048.